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## Extended essay cover

Diploma Programme subject in which this extended essay is registered: World Studies

(For an extended essay in the area of languages, state the language and whether it is group 1 or group 2.)

Title of the extended essay: What does it really mean to  
be "healthy"? An investigation of the factors  
leading to varying international Medical Practices

### Candidate's declaration

*This declaration must be signed by the candidate; otherwise a grade may not be issued.*

The extended essay I am submitting is my own work (apart from guidance allowed by the International Baccalaureate).

I have acknowledged each use of the words, graphics or ideas of another person, whether written, oral or visual.

I am aware that the word limit for all extended essays is 4000 words and that examiners are not required to read beyond this limit.

This is the final version of my extended essay.

## Supervisor's report and declaration

*The supervisor must complete this report, sign the declaration and then give the final version of the extended essay, with this cover attached, to the Diploma Programme coordinator.*

Name of supervisor (CAPITAL letters)

*Please comment, as appropriate, on the candidate's performance, the context in which the candidate undertook the research for the extended essay, any difficulties encountered and how these were overcome (see page 13 of the extended essay guide). The concluding interview (viva voce) may provide useful information. These comments can help the examiner award a level for criterion K (holistic judgment). Do not comment on any adverse personal circumstances that may have affected the candidate. If the amount of time spent with the candidate was zero, you must explain this, in particular how it was then possible to authenticate the essay as the candidate's own work. You may attach an additional sheet if there is insufficient space here.*

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I have read the final version of the extended essay that will be submitted to the examiner.

To the best of my knowledge, the extended essay is the authentic work of the candidate.

I spent  hours with the candidate discussing the progress of the extended essay.

## Assessment form (for examiner use only)

Criteria	Achievement level					
	Examiner 1	maximum	Examiner 2	maximum	Examiner 3	
<b>A</b> research question	<input type="text" value="1"/>	2	<input type="text"/>	2	<input type="text"/>	
<b>B</b> introduction	<input type="text" value="0"/>	2	<input type="text"/>	2	<input type="text"/>	
<b>C</b> investigation	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>D</b> knowledge and understanding	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>E</b> reasoned argument	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>F</b> analysis and evaluation	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>G</b> use of subject language	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>H</b> conclusion	<input type="text" value="1"/>	2	<input type="text"/>	2	<input type="text"/>	
<b>I</b> formal presentation	<input type="text" value="2"/>	4	<input type="text"/>	4	<input type="text"/>	
<b>J</b> abstract	<input type="text" value="0"/>	2	<input type="text"/>	2	<input type="text"/>	
<b>K</b> holistic judgment	<input type="text" value="1"/>	4	<input type="text"/>	4	<input type="text"/>	
Total out of 36		<input type="text" value="10"/>	<input type="text"/>		<input type="text"/>	

What does it really mean to be “healthy”?

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An Investigation of the Factors Leading to  
Varying International Medical Practices

May 2014

World Studies

Word Count: 3,735

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## Abstract

The research question surrounding this investigation is: To what extent can the word “healthy” truly have one international definition and what are the political, cultural and economic factors of specific nations that lead to varying interpretations of healthiness?

The five countries investigated were picked for their varying geographic locations, cultures, economies, and political systems. These countries are Brazil, Peru, the United States, Spain, and France. Additionally, personally traveled to and therefore have firsthand knowledge to some extent on the factors that influence the different perspectives of health amongst these countries.

Politically, the accessibility of health care a nation provides to its citizens can distinctly determine the extent to which diseases are controlled. In Peru, for example, because medical services are much more accessible in cities compared to rural areas, rural Andean villages rely on traditional forms of medicine much more so than those in the city. On the other hand, the French system of healthcare provides universally accessible medical insurance.

Culturally, nations with more distinct native roots and traditions rely more on herbal and alternative medicinal practices. Compared to the United States, Brazil’s population has a tighter ratio of modern to traditional approaches to curing illnesses and preventing the spread of disease. Along with culture comes the issue of stress levels in well-being and overall healthiness. Brazil’s population may be prone to more diseases, but has a “happier” population compared to that of the United States.

Economics plays a big role in the availability of primary care and specialized doctors in a country. A country with more funding for health care plans is able to provide its citizens with

access to a variety of doctors, as it is in Spain. Funding also provides for advances in medical technologies and vaccines that are crucial in keeping a country healthy.

This investigation revealed that there is one more universally accepted definition of healthy but several different approaches, and in turn several nuances on what it means to be healthy from one country to another.

Word Count: 298

## Introduction

According to the World Health Organization, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Jones 2) Forbes.com has released a list with the world's 15 "healthiest" countries. With each country, there is a description of what factors make one country a healthier place to live than another. These factors include air and water pollution, health care services/programs, medicines available, and even gross domestic product per capita. But is there really one international definition of healthy? What makes the United States a "healthier" place to live compared to Brazil or Peru, and what makes France and Spain "healthier" than the United States? Who has the authority to decide what healthy really is? Does this ranking take into consideration mental well-being as well as physical health? Also, are some people more likely to be healthier than others simply because of where they are born?

Due to cultural, political, and economic differences, health is not completely objective. What is considered healthy in one region of the world may be looked at with concern in another area. For instance, smoking has been placed into a heavily negative light in the United States much more so than in Europe, yet several European countries are more "healthy" according to the list. In some cultures, larger body sizes are seen as a sign of healthiness as it indicates an individual has a preponderance of food. In other cultures, largess is more closely associated with unhealthy lifestyles (e.g., lack of exercise, poor eating habits, etc.). Advances in technology have also expanded the idea of what it means to be healthy. What are understood today to be healthy practices were not emphasized prior to clear understandings of disease and the contributions of lifestyles to health.



One very interesting aspect, however, that is not covered on the list is immunity to disease. It is a known fact that the people of some countries have immunity to certain diseases that could cause fatal effects to others who become exposed to those diseases. It appears that the less “healthy” countries are the more immune. So are the people with that immunity more “healthy” than those who need to take higher preventative measures? If an outbreak of disease were to occur, would the “healthier” people be more affected?

The WHO definition also states the importance of complete mental and social well-being along with physical health. This brings up the question of whether stress and social interaction are really taken into consideration on the list. Also, is it just a coincidence that some of the less countries are also the happiest and least stressed? Does that then make them healthier? Brazil, for example, is said to be one of the happiest and least stressed countries on the planet, yet it is nowhere near the top 15 healthiest.

So, can this list and similar rankings really be trusted? To some extent they can, but must be taken with a grain of salt. Culture, government, and even the economy seem to play substantial roles in what regions of the world are “healthier”. Culturally, medicinal traditions, religion, and social standards are factors of health. Along with this is the issue of stress, happiness and mental well-being. Politically, the type of government and its control and restrictions, along with government involvement in health care are influential in determining a country’s overall health. The economic stability of a country, although not directly mentioned as a factor, has an obvious contribution to the health care services and medicines that are available in order to prevent and cure disease. It is not a coincidence that the healthier countries also have the highest GDPs. However, some of these “first-world” countries rank low when it comes to

levels of stress. Countries with lower GDPs seem to be less stressed, happier, and even more mentally stable.

### Political Factors

The type of government that a country has is one of the major factors in determining the healthiness of a country. A government is in control of the health care services available, and therefore can make healthcare either available or hard to reach for citizens. Additionally, an oppressive or corrupt government can hinder the well-being of the people of the country.

#### **Brazil**

Health care in Brazil is a Constitutional right. It is given by both private and government foundations. The Health Minister controls national health laws. Primary health care remains the obligation of the national government, components of which, (for example, the operation of hospitals) are administered by distinctive states. Public health care is given to all Brazilian permanent residents and outsiders in Brazilian regions through the national health care system, the Unified Health System - SUS. The SUS is universal and free for everybody.

#### **Peru**

The system of healthcare in Peru is a standout amongst the most underfunded in South America. Absence of assets and resources, poor administration of assets, absence of therapeutic consideration in remote parts of the nation and health issues connected with the El Niño phenomena are the healthcare challenges that Peru is faced with. Access to medical care in Peru today is the obligation of both the Ministry of Health and ESSALUD. The former is in charge of giving a fundamental level of human medical care to those natives who don't contribute to a healthcare plan run by the state, (or don't have *seguro*). The latter is answerable for giving medicinal services to those that have contributed to a healthcare plan run by the state, typically

as a component of an employment package. Formal health care plans are unrealistic to be seen for quite a while in Peru in light of the troubles the legislature is seeing at the present, however for the same reason, private insurance arrangements are exceptionally well known around the individuals who can bear the cost of them. The greatest issue with the present health care system in Peru is basically the absence of monetary backing and assets. Free medical care is incomprehensible. Sponsored medicinal services are accessible to those with no *seguro*, kids, and pregnant women. Since a great number of Peru's populace lives beneath the poverty line, a lot of people still can't bear the cost of basic medicinal services when financed by the government. Another issue is that the trusts and assets that are given by the legislature have been bungled throughout history. Until 2003, all health care choices for the whole nation were overseen from Lima (Kiple 294). Healthcare arrangement making for a vast city like Lima essentially wasn't satisfactory for other more rural regions of the nation. Since 2003 an arrangement of decentralization has been embraced.

## USA

Medicinal services in the United States are given by numerous unique associations. Health care offices are generally owned and managed by private party organizations. Health protection for public division employees is principally furnished by the government. 60-65% of medicinal services procurement and spending hails from projects, for example, Medicare, Medicaid, TRICARE, the Children's Health Insurance Program, and the Veterans Health Administration. The majority of the populace under 65 is guaranteed by their or a relative's employer, some purchase health insurance on their own, and the remnant are uninsured.

## Spain

It is not important to have private health protection in Spain, despite the fact that there are a lot of insurance agencies in the nation that are utilized basically by individuals who feel more comfortable with private health protection. The EU reciprocal agreement covers medical treatment in Spain until someone receives an official Medical Card (*Tarjeta de SS*) from his/her neighborhood Social Security Office (*inss – Oficina del Instituto Nacional de Seguridad Social*) in Spain. Likewise with any business or administration, there are great and awful stories about Spanish medication. Nonetheless, neighborhood specialists in Spain are as greatly qualified as in whatever viable EU nation, sometimes even more so.

## France

The arrangement of health insurance in France is regarded as *l'assurance maladie*, or the *Sécu*, a shortened form of *sécurité-sociale*, in spite of the fact that the latter term is regularly likewise used to allude to the arrangement of social security in France. It is regularly praised for the nature of the medicine and the level of accessibility it offers to patients. France unquestionably uses a great deal of cash on health, around 10% of national income, one of the most noteworthy rates on the planet. Most health experts who work outside of hospitals are independently employed and on paying patients whose expenses are repaid by the government disability and voluntary health protection frameworks for their pay. Patients, thus, have been permitted to have unlimited access to specialists and experts with the expectation that nobody in the health framework has had any specific motivating force to keep down expenses.

### Cultural Factors

The world is comprised of so many different traditions, beliefs, and cultural systems. Well-being and medicinal practices are a big part of culture. Looking at the cultural backgrounds provides insight into the impact of traditional versus more modern practices of health care and medicine.

#### **Brazil**

The culture of Brazil introduces an exceptionally differing nature demonstrating that an ethnic and social blending happened in the colonial period including generally Native Americans, Portuguese and Africans. In the late nineteenth and early twentieth centuries Italian, German, Spanish, Ukrainians, Polish, Arab and Japanese foreigners settled in Brazil and assumed a vital part in its society, making a multicultural and multiethnic social order. This various social foundation has helped brag numerous festivals and celebrations that have gotten known far and wide, for example, the Brazilian Carnival and the *Bumba Meu Boi*. The lively culture creates an environment that makes Brazil a famous goal for numerous vacationers every year.

Customary Brazilian pharmaceuticals (*medicina indígena*) incorporate numerous local South American components, and foreign African ones. *Medicina indígena* is used at indigenous gatherings around the Native American mestizo populace, in the Northeast drift, almost all inside areas incorporating Amazon districts, savannahs, rainforest, foothills. Acclaimed Brazilian physician Dr. Romulo R. M. Alves argues, "despite the fact that Brazil's health framework is public...use of universal cures and ceremonies furnish a practical method for mending for a great part of the people, however that additionally does not imply that affluent Brazilians don't search it out also. Traditional medicine is also a profound piece of Brazilian heritage."

## **Peru**

Peruvian Culture incorporates music, celebrations, food, artisan crafting, writing, and so forth. The society of Peru incorporates individuals of distinctive religion. The greater part of the individuals of Peru are mestizo. Mestizo is a mixture of Natives and Europeans. The rate of the Peruvians of European parentage is 15 %. A little number of African, Japanese, and Chinese parentages is additionally found in Peru. Spanish and Quechua are the two official dialects of Peru. The society in Peru incorporates various vivid celebrations. Christmas, Corpus Christi or Holy Week, and so on are the celebrations of Peru. This country has one of the biggest bio diversities of the planet. It is home to around 25,000 plant species, 10% of the planet absolute. Practically 2000 plants in Peru are accepted to have medicinal and pharmacological lands. As of recently, unanticipated societies in Peru utilized medicinal plants and herbs to forestall sicknesses and recuperate diseases. This accepted learning of the wide mixture of characteristic items and their utilization was passed on to modern times. Today, Peru offers an enormous choice of common prescriptions, nutritious supplements and beautifying agents utilizing just characteristic elements providing for them you a great elective to standard pharmaceuticals. Items can be found in marketplace stores, drug stores, and household/village gardens.

## **USA**

In the United States, health incongruities are decently reported in minority populaces, for example, African Americans, Native Americans, Asian Americans, and Hispanics. When contrasted with European/Caucasian Americans, these minority aggregations have higher occurrences of constant sicknesses, higher mortality, and poorer health results.

One of the particular samples of racial and ethnic aberrations in the United States is the tumor frequency rate of African Americans, which is 10 percent higher than of European/Caucasian Americans. Likewise, American adults of African and Hispanic genealogy have nearly double the danger of contracting diabetes than American adults of European heredity. Minorities likewise have higher rates of cardiovascular malady, HIV/AIDS, and baby mortality than whites. There are likewise considerable contrasts in health dependent upon social class or socioeconomic status. Starting in 2009, sicknesses that were not as common in middle to upper class Americans (e.g. roundworm and chicken pox) were turning into a genuine concern around financially distraught populaces in the U.S.

## **Spain**

Spanish society is generally known for Flamenco music and dance, bullfights, phenomenal sunny shores and bunches of daylight. The assortment of societies in Spain is apparent through the seventeen self-ruling areas found inside the nation. The celebrations and festivals in Spain are brimming with life.

This articulation may appear superfluous, but rather it is critical to understanding the traditions of traditional versus modern approaches to healthy lifestyles. Homeopathy was brought into Spain at the start of the nineteenth century. The first Spanish homeopathic healing facility, the *Fundacion Instituto Homeopatico y Hospital de San Jose* in Madrid, was established in 1878. The *Academia Medico Homeopatica de Barcelona* was established in 1890. There is an outpatient homeopathic center at the *Hospital del Nen Deu* of Barcelona. The Spanish Society of Homeopathic Medicine was established in 1996. It speaks to all homeopathic cooperations. In Spain, the act of solution is the selective right of allopathic specialists. To get the right to practice medicine, an applicant must hold a scholarly degree in medicine, have sanction from a

therapeutic school, vow proficient mastery, be present in his or her assessments, and as stated in the Statutes of the Collegial Medical Organization, uphold the Spanish Code of Professional Ethics of 1990. Furthermore, common medicine, by the Royal Decree of 27 March 1926, may be rehearsed by authorized allopathic M.Ds.

## **France**

The culture of France has been formed by topography, by significant authentic occasions, and by traditional and contemporary gatherings. France, and specifically Paris, has assumed an imperative part as a focal point of high society and of enhancing abstractions since the seventeenth century, first in Europe, and from the nineteenth century on, planet wide. From the late nineteenth century, France has likewise assumed a critical part in silver screen, style and food. The essentialness of French society has waxed and melted away throughout the hundreds of years, contingent upon its investment, political and military significance. French society today is stamped both by incredible provincial and socioeconomic contrasts and by solid bringing together inclinations. For the patient, the French health framework is somewhat of a delight. Same-day errands might be made effortlessly; if one doctor appointment needs to be postponed, a new one can be easily arranged, a propensity reputed to be *nomadisme médical*. Singular doctor's facility rooms are the standard. Specialists and department directors may be counseled without referral. Lastly, keeping in mind that the patient pays in advance, very nearly all the bills are repaid, either through general society protection framework or a top-up private policy.



### Economic Factors

Countries that are wealthier and more developed have better and broader access to technologically advanced treatment and preventative measures for disease. Many people come to the United States or to European countries to seek treatment due to the limited access in their home country. A country's economic stability seems to play a big role in determining how healthy its citizens are.

#### **Brazil**

Brazil has the sixth biggest economy by ostensible GDP on the planet, and seventh biggest by buying force equality. The Brazilian economy is portrayed by modestly free markets and an internal situated economy. Brazil's economy is the biggest of the Latin American countries and the second biggest in the western half of the globe. Brazil is one of the quickest developing significant economies on the planet with a normal yearly GDP development rate of over 5 percent. In future decades, Brazil is relied upon to turn into one of the five biggest economies on the planet. Notwithstanding, the GDP for every capita in 2011 was \$12,906.

#### **Peru**

The economy of Peru is considered to have upper middle earning power by the World Bank and is the 42nd biggest on the planet. Peru has been, starting in 2011, one of the planet's quickest developing economies, due to the financial blast encountered throughout the 2000s. Its economy is enhanced despite the fact that militarism is paramount, the exchange and industry are concentrated in Lima yet the agrarian fares have made improvement in all the locales. In 2010 Peru's per person product (PPP) is bordering \$10,000. Destitution has consistently diminished by 18% since 2004, when about half the nation's populace was under the poverty line in 2011.

All in all, access to specialized primary care doctors is limited to those in Lima, and other modernized regions like Arequipa compared to those in the mountainous Andes regions of Ica and Cusco due to the socioeconomic imbalance. Those in the mountainous regions cannot simply access new medical technology and therefore rely on traditional herbal medicines more than Westernized methods of treating illness. Moreover, those in the bigger cities share ideals of health similar to those of Europe and the United States more so than those in remote villages.

## **USA**

The economy of the United States is the planet's biggest single national economy. The United States' ostensible GDP was evaluated to be \$16.62 trillion in 2012, more or less a quarter of ostensible worldwide GDP. Its GDP at obtaining force equality is likewise the biggest of any single nation on the planet, give or take a fifth of the worldwide aggregate. The United States has a blended economy and has kept up a stable general GDP development rate, a moderate unemployment rate, and elevated amounts of examination and capital speculation. While expansion balanced family unit wage had been expanding very nearly consistently from 1945 to 1999, it has since been even and even diminished a bit. The 10% wealthiest have 80% of all monetary possessions.

For the most part, those in the United States have access to high quality medical technology in hospitals and in emergency situations. The disparity comes into play with prescription medicines; many middle class poverty line Americans cannot maintain a healthy lifestyle due to the high cost of medicines. It is unfortunate that some people are left with skipping dosages in order to make their medication last. There are however, private pharmaceutical companies and health care providers that assist somewhat with those costs.

## **Spain**

Spain has the thirteenth biggest economy by ostensible GDP on the planet, and fourteenth biggest by acquiring force equality. The Spanish economy is the fifth-biggest in the European Union, and the fourth-biggest in the Eurozone, in view of ostensible GDP facts. In 2012, Spain was the eighteenth-biggest exporter on the planet and the sixteenth-biggest shipper. Spain is viewed as the planet's 23rd most improved nation, around the nations of quite high human advancement. In spite of this, the Spanish economy's later macroeconomic execution has been poor. Between 2008 and 2012 the budgetary blast of the 2000s was switched, leaving over a quarter of Spain's workforce unemployed by 2012 (Walsh 4).

Access to medical technology and prescriptions are readily available for most as a result of the health care system itself, rather than the state of the overall economy. Compared to countries like Peru and Brazil, the percentage of citizens that have easy access to expensive medical technology and specialists in Spain is quite high.

## **France**

France has the planet's fifth biggest economy by ostensible figures and the ninth biggest economy by PPP figures. It has the second biggest economy in Europe (behind its fundamental budgetary accomplice Germany) in ostensible figures, in light of the dynamic mechanical structure of the French economy. The financial divergence between French locales is not as high as that in other European nations, for example, the UK, Italy or Germany, and higher than in nations like Sweden or Denmark, or even Spain. Notwithstanding, Europe's wealthiest and second biggest territorial economy, *Ile-de-France* (the district encompassing Paris), has since a long time ago benefitted from the capital city's monetary dominion. The most vital regions are *Ile-de-France* (planet's fourth and Europe second wealthiest and biggest territorial economy),

*Rhône-Alpes* (Europe's fifth biggest local economy on account of its administrations, high-innovations, commercial enterprises, wines, tourism), *Provence-Alpes-Côte d'azur* (administrations, industry, tourism and wines), *Nord-Pas-de-Calais* (European transport center, administrations, businesses) and *Pays de la Loire* (green advances, tourism). Consequentially, similar to Spain, the French have a broad universal access to medical technology making modern medicine and westernized ideals of healthiness more common than herbal or traditional medical practices.

## Conclusion

Global health is an issue at all times for all people of the world. Not only is it important for a country to monitor the health of the citizens within the country, but also in other nations. Organizations like the World Health organization provide global perspectives of disease prevention, control, and treatment that allow these comparisons to be made.

Health is more than what data or numbers can prove. Health is subjective, not only to the country in which someone lives, but also the community and even household. However, due to differences in culture, economy, and even type of government, some people seem to be at an advantage when it comes to fitting the most widely accepted definition of health. Countries with higher GDP's per capita have better and easier access to allopathic forms of treatment. Countries with lower GDPs seem to make better use of homeopathic medicines, but this form cannot always be useful when it comes to quickly treating a fatal disease or injury. Culturally, countries with united nationalities seem to turn to traditional medicine more than allopathic forms. Politically, oppressive governments, meaning those other than democracies and/or monarchies like that of European countries, seem to be the less healthy.

Mental health seems to be a completely different story. In countries that are poorer, stress levels are lower and mental health is better than in developed, busy countries. The United States has some of the biggest varieties of mental health conditions, many of which are not even found outside of the country.

All in all, health cannot be determined or compared by something like a simple list. Many factors must be taken into consideration, and the majority of those factors are qualitative rather than quantitative.

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